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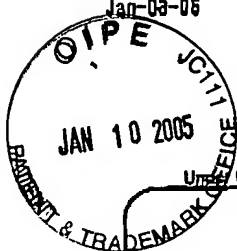
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T-084 P.003/004 F-151



PTO/SB/82 (09-05)

Approved for use through 11/30/2005, OMB 0551-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	
Filing Date	
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

45,200

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

45,200

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Yoshiteru Koide		
Signature	Yoshiteru Koide		
Date	8/2/04	Telephone	310-552-2022

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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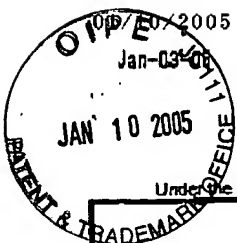
T-084 P.004/004 F-151

ATTACHMENT "A"

APPLICATION NO.	FILING DATE	ATTORNEY DOCKET NO.
10/021,871	12/17/2001	14381-0012
10/672,668	9/26/2003	14381-0015



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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: ProbioHealth, LLC

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: Please See Attachment "A"

(Name of Assignee) _____ (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) _____

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[] Additional documents in the chain of title are listed on a supplemental sheet.

[] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Yoshiteru Koide
Signature

8/3/04
Date

Yoshiteru Koide
Printed or Typed Name

310-FT2-2022
Telephone Number

President
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Washington, D.C. 20231



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DECEMBER 09, 2004

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PRESTON GATES & ELLIS, LLP
LOUIS C. CULLMAN, ESQ.
1900 MAIN STREET, SUITE 600
IRVINE, CA 92614-7319

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RECORDATION DATE: 12/06/2004

REEL/FRAME: 015427/0787
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

NAIDU, A. SATYANARAYAN

DOC DATE: 09/25/2003

ASSIGNEE:

PROBIOHEALTH, LLC
350 S. BEVERLY DRIVE
BEVERLY HILLS, CALIFORNIA

SERIAL NUMBER: 10672668

FILING DATE: 09/26/2003

PATENT NUMBER:

ISSUE DATE:

TITLE: PREBIOTIC AND PRESERVATIVE USES OF OIL-EMULSIFIED PROBIOTIC
ENCAPSULATIONS

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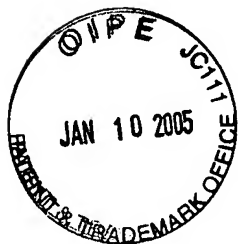
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ASSIGNMENT DIVISION
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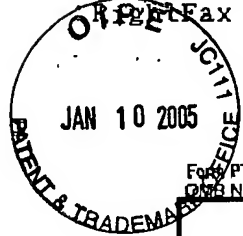
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PATENTS ONLY

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1. Name of conveying party(ies)/Execution Date(s):

A. Satyanarayan Naidu

Execution Date(s) September 25, 2003

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Probiohealth, LLC

Internal Address: _____

Street Address: 950 S. Beverly Drive

City: Beverly Hills

State: California

Country: USA

Zip: _____

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

A. Patent Application No.(s)

10/672.688

☐ This document is being filed together with a new application.

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Louis C. Cullman, Esq.

Internal Address: Preston Gates & Ellis, LLP

Street Address: 1900 Main Street, Suite 600

City: Irvine

State: California

Zip: 92614-7319

Phone Number: 949-253-0900

Fax Number: 949-253-0902

Email Address: LCullman@prestongates.com

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card
☒ Authorized to be charged to deposit account
☒ Enclosed
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Total number of pages including cover sheet, attachments, and documents: 4

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